

2024 DRX User Training Guide

Broker/Field Agent User: <https://molina2.destinationrx.com/PC/Agent>

Telesales Agent User: <https://molinaam3.destinationrx.com/PC/Agent>

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Landing & Beneficiary Page

Enrollment & Renewal

Claims & Billing



Landing Page

Dashboard

🏠 Reports

📄 Agent training materials

Enrollments

☐ Follow up on Application for Molina Medicare Complete Care Select (HMO D-SNP)

Due 09/29/2022

[Bob Lee](#)

☐ Follow up on Application for Molina Medicare Complete Care (HMO D-SNP)

Due 01/22/2023

[Judi Mark](#)

Quotes

☐ Follow up on quote

Due 09/22/2023

[24 Test](#)

Scope of Appointment

☐ Follow up on Scope of Appointment

Due 09/22/2023

[24 Test](#)

☐ Follow up on Scope of Appointment

Due 09/22/2023

[24 Test](#)

MyMedicare.gov connections

You have no tasks for this category

Other

You have no tasks for this category

The dashboard is the landing page when first logging into Connecture for SOA submission or enrollment.

Best Practice is to start with searching for the beneficiary on Connecture first.

- Click Search from the right horizontal navigation bar and then click on Search Beneficiary

Note: The Dashboard page will show enrollments, quotes, and SOA's needing follow up for submission.

Beneficiary Profile Search

Search beneficiaries

First name

Last name

Date of birth

Phone number

Email address

Confirmation number

MBI

Agent username

OR

Enter a beneficiary's personal code they mentioned when they contacted you so you can pick up where they left off. We will take you to view plans with their information they already entered.

Personal code

Search profiles

- Use any of the listed fields to search for the beneficiary.
- The more information use the narrow the search.
 - For example, searching only by last name will bring up all individuals with that last name. It is best to use first and last name, and even date of birth.

Note: It is best practice to always collect the confirmation number at the end of the enrollment.



Beneficiary Search Results

Search results will display existing profiles based on search criteria.

Profile Status	Description
Registrant	Profile Created
Applicant	Application started or Submitted

test Test 123 Champions Vw San Antonio , TX 78258	(210) 000-0000	<div></div> Applicant	testagent testagent CNX_testagent	Updated 09/08/2023
24 Test 1111 Branch Spg San Antonio , TX 78258	test@test.com (210) 010-0000	<div></div> Registrant	testagent testagent CNX_testagent	Updated 09/15/2023

Entering the Beneficiary Profile

Entering the beneficiary profile allows the agent to view:

- Enrollment History, including Connecture Confirmation Enrollment Number.
- Check Medicare and Medicaid Eligibility

Note: Medicaid Eligibility Check is only found in the beneficiary profile. Medicaid eligibility check is not on the enrollment form.



Enrollment History

Molina Medicare Complete Care Plus (HMO D-SNP)

last updated 03/23/2023 11:53 am PST

Medicare Advantage Prescription Drug Plan

Total monthly plan premium \$38.90

Partial enrollment not available

More details ▾

Molina Medicare Choice Care Select (HMO)

Submitted 09/23/2022 12:06 pm PST

Medicare Advantage Prescription Drug Plan

Total monthly plan premium \$0.00

[View application](#)

More details ▾

[View all enrollments >](#)

Eligibility

MBI

.....

Show

Hospital (Part A) effective date

Month ▾

Year ▾

Medical (Part B) effective date

Month ▾

Year ▾

[Add/Edit subsidy ▾](#)

Check eligibility

Check State Medicaid eligibility

This beneficiary's state is not eligible for a State Medicaid level check.

Medicaid ID

Check State Medicaid eligibility

Beneficiary Profile Overview Continued

- Agent of Record, resignation does not happen on Connecture.
- Collected SOAs
- Notes
- PDF attachments
- Tasks
- Call Recording – Recording will only populate if recorded on Connecture

Note: Agent of Record changes go through the [Broker Support Unit](#)



Agent of record

TT

testagent testagent

[Reassign agent of record](#)

SOA

Email sent to

test@test.com on 09/19/2023

Notes

Created 09/19/2023

SOA sent to (210) 010-0000.
- testagent testagent

Created 09/19/2023

SOA sent to (210) 010-0000.
- testagent testagent

+ Add note

Tasks

Due 09/22/2023

☐ Follow up on Scope of Appointment
- testagent testagent

Due 09/22/2023

☐ Follow up on Scope of Appointment
- testagent testagent

Due 09/22/2023

☐ Follow up on quote
- testagent testagent

+ Add task

Call recording initiated with (509) 295-1248
- Gordon Hill
Created 03/23/2023

Call recording initiated with (509) 295-1248
- Gordon Hill
Created 03/23/2023

SOA sent to (509) 295-1248.
- Gordon Hill
Created 03/23/2023

+ Add note

Tasks

You have no tasks for this profile

Beneficiary Profile Overview Continued

- Personal Information
- Quote/Enrolment History

Personal information

*ZIP code

90010

County

Los Angeles, CA

Licensed to sell 1 Medicare organizations with 4 plans for 2024

* First name

test

* Last name

test

Date of birth

01/01/1950

Email address

Primary phone number

(123) 123-1234

Mobile phone number

☐ Same as primary

Home address

Your Address; if not address type homeless.

test

Address 2

City

Los Angeles

State

CA

Sales information

Is the sales contact different from the beneficiary?

Yes

No

Quote history

Quote sent 10/05/2022 8:46 am PST to JAN

@MOLINAHEALTHCARE.COM

2023

Molina Medicare Choice Care Select (HMO)

Plan type MAPD

Authorization code: TKPRKKPE

Please review this quote at your earliest convenience. Let me know if you have any

Enrollment History

Molina Medicare Complete Care (HMO D-SNP)

Submitted 04/20/2023 5:41 am PST

Medicare Advantage Prescription Drug Plan 2023

Total monthly plan premium \$0.00

[View application](#)

Enrollment confirmation number

A66712392311671M


Click More Details to view App Conf #

More details ^



Adding New Beneficiary Profile

If an established profile for the member does not populate. Click create a new profile. Fill out the beneficiary profile.



Print

English

Contact us

testagent

Dashboard

Plans

Search

New profile

Search beneficiaries

There are no results for the profile you searched, but you may create a new profile with that information.

Create a new profile

or [search again](#)

Note: A profile can also be added by clicking New Profile and then beneficiary on the navigational bar.



Profile

Personal information

* ZIP code

* First name

* Last name

tset

Date of birth

MM/DD/YYYY

Email address

Primary phone number

Mobile phone number

☒ Same as primary

Home address

Your Address; if not address type homeless.

Address 2

city

State

Sales information

Is the sales contact different from the beneficiary?

Yes

No

Save

SOA

You have no SOAs for this profile

Notes

You have no notes for this profile

[Add note](#)

Tasks

You have no tasks for this profile

[Add task](#)

Eligibility

MBI

Show

Hospital (Part A) effective date

Month

Year

Medical (Part B) effective date

Month

Year

[Add/Edit subsidy](#)

Check eligibility

Medicaid Eligibility

Medicaid Eligibility is only available in beneficiary profile.

Start with creating or updating the beneficiary to ensure Medicaid eligibility is valid.

Medicaid Eligibility check is not available on the enrollment form.

When checking eligibility be sure to always submit their state issued name, middle initial or name included if applicable.

Note: Using guided help, displays the Medicaid eligibility code is seen Preferences under Get Started.

Medicaid Is Set to Be In All Market with exception:

- CA
- UT

We are actively working on these states to move them to production as soon as possible.

Eligibility

Confirm the beneficiary's subsidy and see if they are eligible for Medicare.

Medicare number

Hospital (Part A) effective date

Medical (Part B) effective date

.....

Show

mm/dd/yyyy

mm/dd/yyyy

Add/edit subsidy

Check eligibility

Eligible for Medicare

I receive help from Medicaid
Changed from "I get supplemental security income."

Last checked 01/07/2023


Confirm the beneficiary's state Medicaid eligibility.

Medicaid ID


Check eligibility

Medicaid code: QMB in CA
Date received: 10/01/2024

Preferences

-  **Get started** [Edit](#)


• I applied for and got extra help through social security: 100%

• QMB in CA
-  **Health** [Edit](#)

• Generally healthy

• 65 - 69
- Providers** [Edit](#)


• Dr Benjamin Smith (PCP)

• Dr Joseph Zenga
-  **Prescriptions** [Edit](#)

• Lotensin 120 MG

• Wellbutrin SR 150

• Abilify 20MG

[View all](#)
-  **Pharmacy** [Edit](#)

• Walgreens (primary)

• CVS

Call Recording

Call Recording

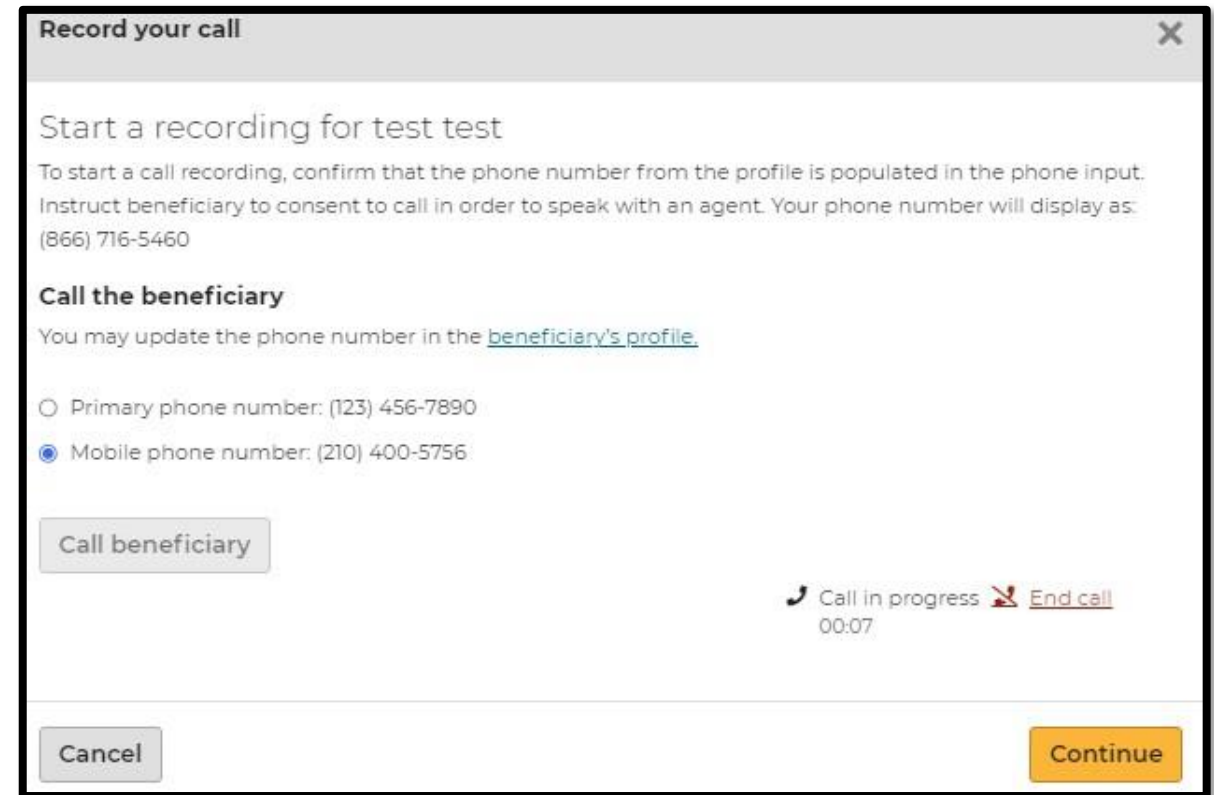
Call Recording

Call Recording

If an agent cannot physically meet with the beneficiary a telephonic enrollments option is available. All sales calls with beneficiaries or their caregivers are to be recorded in its entirety, including enrollment.

Note: Captive Field and Telesales Agents will continue to use Genesys Telephony system as their primary recording platform. Connecture Call Recording can be used if Genesys is not available for Captive Field Agents.

- Start call recording at beginning of sales presentation.
- Click on **Start Call Recording**
- A pop-up box will populate.
- Select the number and click call beneficiary.
- Prospect will hear recorded message upon receiving call "This call may be recorded for quality and training purposes, press 1 if you agree for the call to be recorded. Otherwise please hang up."
- Click Continue to minimize recording window



The screenshot shows a 'Record your call' window with a close button (X) in the top right corner. The main text reads: 'Start a recording for test test'. Below this, it says: 'To start a call recording, confirm that the phone number from the profile is populated in the phone input. Instruct beneficiary to consent to call in order to speak with an agent. Your phone number will display as: (866) 716-5460'. The section 'Call the beneficiary' follows, with the instruction: 'You may update the phone number in the [beneficiary's profile](#)'. There are two radio button options: 'Primary phone number: (123) 456-7890' (unselected) and 'Mobile phone number: (210) 400-5756' (selected). A 'Call beneficiary' button is located below these options. In the bottom right corner, there is a status bar showing a phone icon, 'Call in progress', a timer '00:07', and a red 'X' icon next to the text 'End call'. At the very bottom, there are 'Cancel' and 'Continue' buttons.

Telephonic Sales Presentation & Enrollment



Individuals representing Third Party Marketing Organizations are required to disclose below disclaimer on all Telephonic Sales Presentation and Enrollments. This disclaimer must be verbalized within the first minute of the call. The disclaimer cannot be at the end with all the other enrollment disclaimers.

For TPMOs that don't sell for all of the MA organizations or Part D sponsors in a service area: "We do not offer every plan available in your area. Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options."

For TPMOs that sell for all MA organizations or Part D sponsors in a service area: "Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. You can always contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program for help with plan choices."

Telephonic Sales Presentation & Enrollment

Medicare Disclaimer & Scope of Appointment are required on every Telephonic sales presentation and enrollment calls, these disclaimers should be disclosed before going into plan details. These disclaimers are applicable to both internal & external sales agents.

Medicare Disclaimer: This call is recorded for quality assurance purposes. You are not required to provide any health-related information unless it will be used to determine eligibility for enrollment into a Health Plan. I'm going to continue now if that's all right. May I continue?

Scope of Appointment (SOA): Before we proceed, I want to let you know that [Molina Healthcare] [Passport] [Senior Whole Health [of NY]] offers Medicare Part C plans. There is no obligation to enroll in our plans, and this phone call will not affect your current or future enrollment, or automatically enroll you in a Medicare plan. Do you confirm and understand what was just read to you?



Telephonic Sales Presentation & Enrollment

Telephonic Enrollments must meet scripting requirements. All Telephonic Enrollment scripting must be followed and verbalized verbatim in its entirety.

The Telephonic Enrollment scripting will appear in the enrollment application of DRX Connecture. You should start reading all scripting and fields out loud to beneficiary starting in Section 1-Contact Info. The scripting begins right below the call out “Fields marked with an...” and continues until Section 5-Ageement & Signature disclaimers.

TE Script Begins

1

2

3

Contact Info

Benefit Info

Other Info

Contact Information

Use the form below to apply to the plan. You'll be able to review your information and make changes before you submit your completed form.

Fields marked with an asterisk (*) are required

I understand you are interested in enrolling in Molina Medicare Choice Care (HMO) Medicare Advantage plan over the phone today, 10/16/2023, is this correct?

Confirmation of Presentation

TOM, Can you please confirm that I explained the health plan benefits, and checked our formulary to verify your prescription drugs are covered?

Yes

No

Can you please confirm that I verified that your primary

Yes

Note: if Beneficiary Profile is not created prior to enrollment, the script will not be personalized.

Mailing Address

Mr/Mrs [[*ApplicantLastName]], Do you have a mailing address that is different than your permanent residence address?

Yes

No

Call Guide & Telephonic Enrollment Scripts document can also be found:
Internal Field & Telesales - [Molins Sales Hub > DRX Connecture > Call Script](#)
External Brokers - [Molina Agent Center > Resources > Agent Tool Kits > 2023 Medicare Enrollment Call Scripts – do not edit per CMS](#)

Agent Toolkits

2024 Medicare Enrollment Toolkit

2024 Medicare Enrollment Call Scripts - do not edit per CMS


2024 Medicare Enrollment Call Scripts

2024 Medicare Enrollment: Inbound Call Script ENG

2024 Medicare Enrollment: Outbound Call Script ENG

2024 Medicare Enrollment: Inbound Call Script SPN

2024 Medicare Enrollment: Outbound Call Script SPN



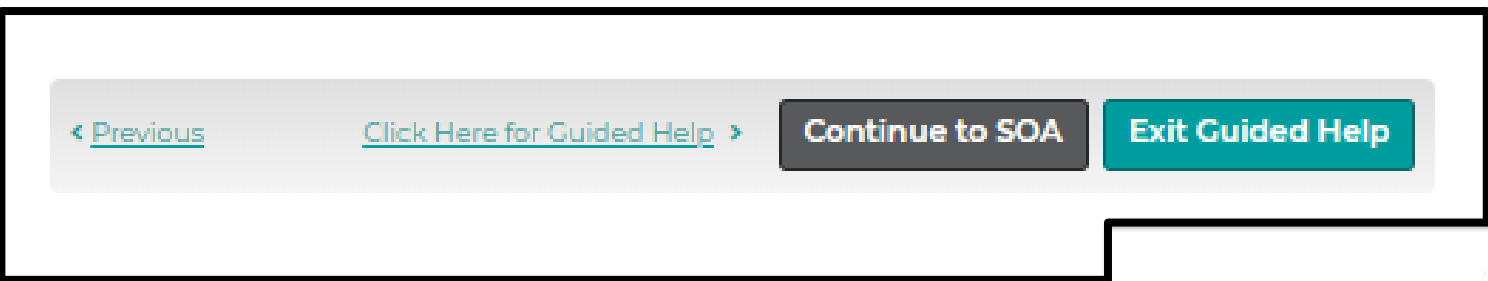
Scope of Appointments (SOAs)

Enrollment Services

Claims Services

Scope of Appointments

After establishing and reviewing the beneficiary profile, click on Continue to SOA at the bottom of the beneficiary profile.



The SOA can be collected several ways.

- Email
- Text
- In-Person
- Print SOA form/ Upload SOA form

The 'Scope of Appointment' page has a white background. At the top right is a teal button with a microphone icon and the text 'Start call recording'. The title 'Scope of Appointment' is centered. Below it is a paragraph: 'A Scope of Appointment (SOA) is needed for all sales appointments and required 48-hours in advance with limited exceptions. Submit the SOA once you have received it from the beneficiary.' Below this is a section titled 'SOAs' with a horizontal line. Under the line, it says 'You have no SOAs for this profile'. Below that is another horizontal line. To the right of this line are three links: 'Complete SOA form in-person' (with a person icon), 'Print consumer form' (with a printer icon), and 'Upload' (with an upload icon). Below these links are two input sections. The first is 'Email address' with a text input field and a dark gray button labeled 'Email SOA'. The second is 'Phone number' with a text input field containing '(123) 123-1234' and a dark gray button labeled 'Text SOA'. At the bottom is a navigation bar with a light gray background, containing a teal link with a left arrow and the text '< Previous', a dark gray button with the text 'Click Here for Guided Help' in white, and a teal button with the text 'Exit Guided Help' in white.

Emailed and Texted SOAs

Using the email and text message method is fairly simple and can be completed quick.

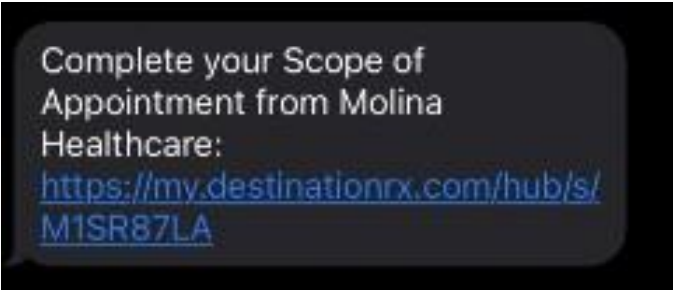
- Email or text the SOA request to the member.

Email address

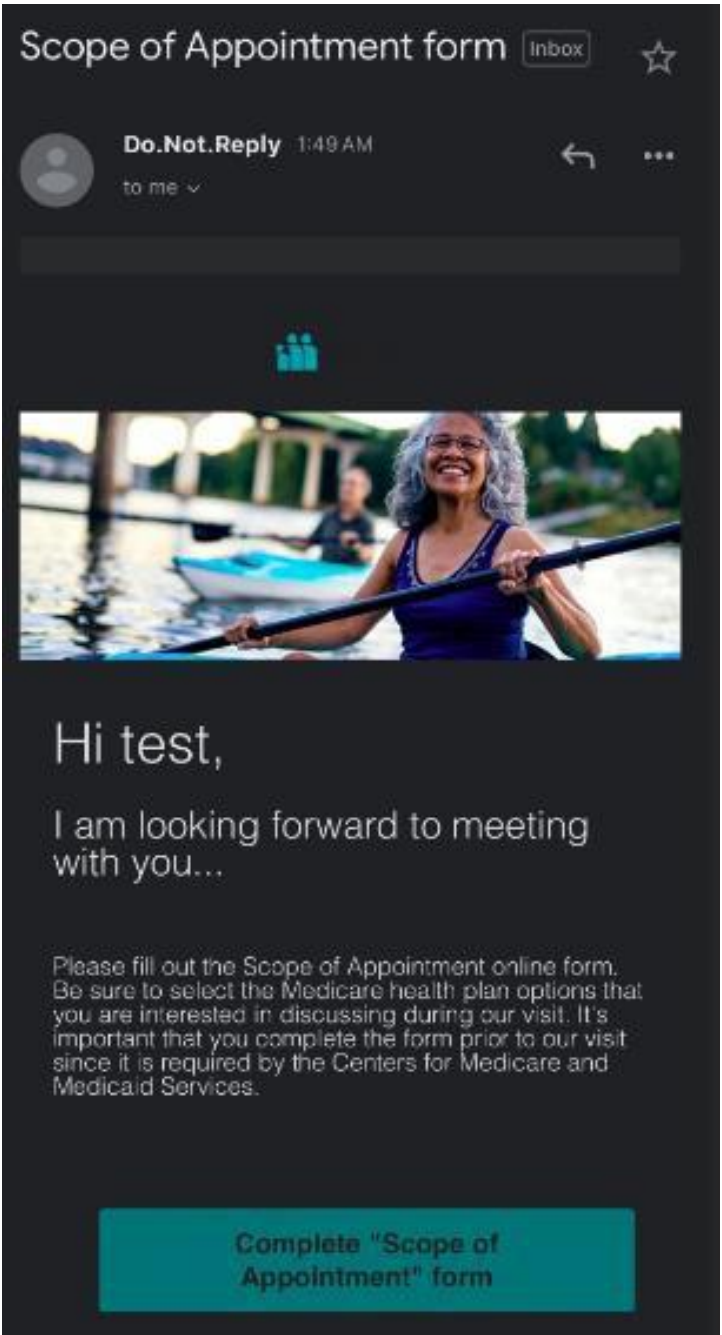
Email SOA

Phone number

Text SOA



- Member need to Answer form and Submit
- Agent needs to go back to SOA page to complete SOA form.




Emailed and Texted SOAs

- Member needs to answer the form and Submit. Once submitted the Thank you message will populate.
- The agent will be alerted via email. “Customer Completed SOA. Once member completes HRA, agent must go back to the beneficiary profile to Complete HRA Form.

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Fields marked with an asterisk (*) are required.




Thank you, your scope of appointment has been submitted. Please close your browser. Your broker will get in touch with you soon.

We'll discuss:

- Medicare Advantage Plans Part C and Cost Plans

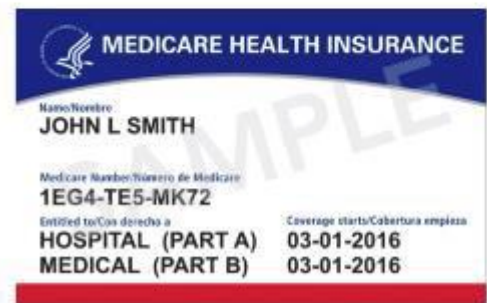
Make sure you have the following for our meeting:

- Medicare card
- All medications
- List of all your current physicians along with their phone numbers and addresses

 Completed by test test on 09/19/2023

• Medicare Advantage Plans Part C and Cost Plans

Complete form



Sample Medicare card you will need for the meeting with your broker.
CMS Pending Approval



Emailed and Texted SOAs

Fill out the SOA as detailed as possible and submit form.

- For Initial Method of Contact Type One of the Following:
 - In-person
 - Outbound Call
 - Inbound Call
 - Email
 - Text Message
 - Group Event
- Use the large free form text box to explain why the SOA was not documented 24 hours prior to the meeting, if applicable.
- Type the plans reviewed during meeting.
- Sign the SOA using the wet signature box and submit.



Scope of Sales Appointment Form (To Be Completed by Agent)

Scope of Appointment form needs to be completed and submitted for all scheduled appointments (even for no-shows, cancelled appointments, or those that do not result in a sale).

Agent First Name*

Agent Last Name*

Agent Phone

Please enter your 10 digit phone number with no hyphen or spaces (e.g., 2125551212).

Initial Method of Contact*

If the SOA form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to the meeting.

Plan(s) represented during this meeting:*

Date Appointment Completed*

* ☐ By checking this box, I confirm the information represented here is true and accurate. I authorize my signature on the Scope of Appointment form using this information.

[clear](#)

Complete SOA

Once the SOA is completed, a confirmation will populate. It is very important for agents to look for the Confirmation to ensure an SOA was submitted correctly to Connecutre. For internal agents, add the date and time SOA was captured on the lead or opportunity record.

SOAs

✓ Completed on 09/20/2023
Confirmation #68076BKDWA

- Medicare Advantage Plans Part C and Cost Plans

View

Call Recorded SOA

External Brokers can save a recorded Scope of Appointment in the Beneficiary Profile. Upon Saving the Beneficiary Information, the Profile will be created and a Scope of Appointment (SOA) Scripting will appear at the top of the Profile window.

Profile

[Start call recording](#)

Scope of Appointment (SOA) Scripting (REQUIRED)
Agent: Before we proceed, I want to let you know that **[Molina Healthcare] [Passport by Molina Healthcare] [Senior Whole Health] [Senior Whole Health of New York]** offers Medicare Part C plans. There is no obligation to enroll in our plans, and this phone call will not affect your current or future enrollment, or automatically enroll you in a Medicare plan. Do you confirm and understand what was just read to you?

Once call is connected with beneficiary, click **Continue** to minimize the recording window and view SOA Scripting.

Beneficiary's Name, DOB, Phone Number, and scheduled meeting date/time should be verbalized for recording along with the SOA Script.



Record your call

Start a recording for TEST RXTEST

To start a call recording, confirm that the phone number from the profile is populated in the phone input. Instruct beneficiary to consent to call in order to speak with an agent. Your phone number will display as: (866) 955-3060

Call the beneficiary
You may update the phone number in the [beneficiary's profile](#).

Call beneficiary

Call in progress 00:58

End call

Cancel

Continue

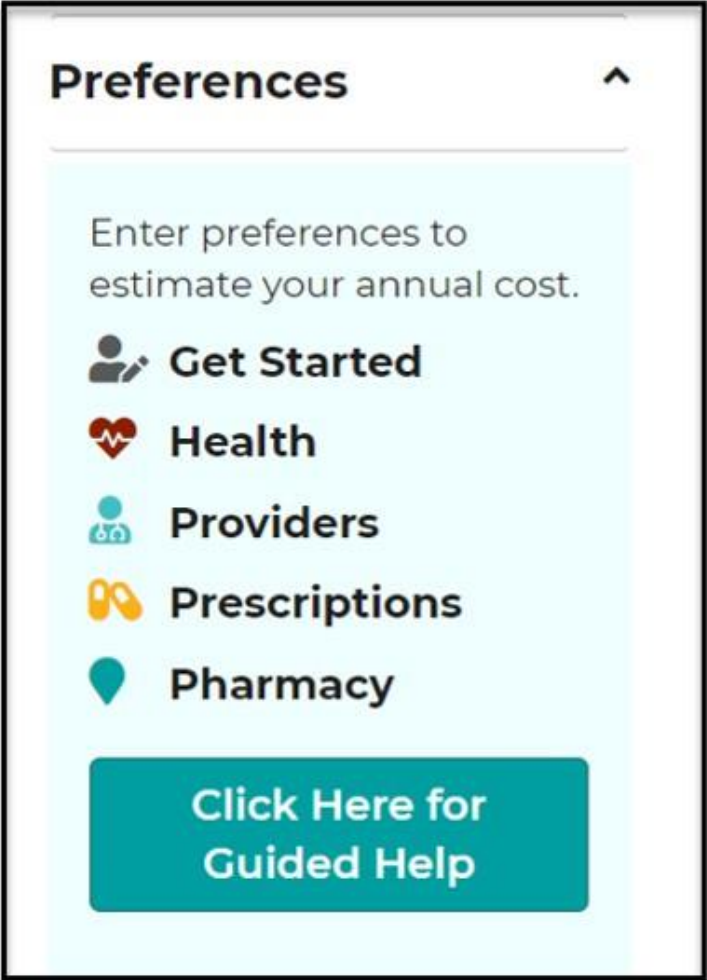
Plans

Individual and Family

Group Term Life

Guided Help – A Few Items to Note

Preferences



Add Preferences for a more personalized member experience.

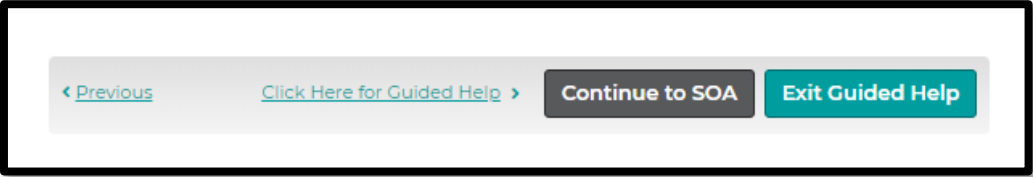
Get Started from this page you can identify the beneficiary's subsidy level.

Providers *Please do not use this preference feature, it is still in development. Continue to use the Provider Online Directory to confirm physician network.*

Prescriptions build a medicine cabinet of all current drugs to see drug costs associated with all plan options.

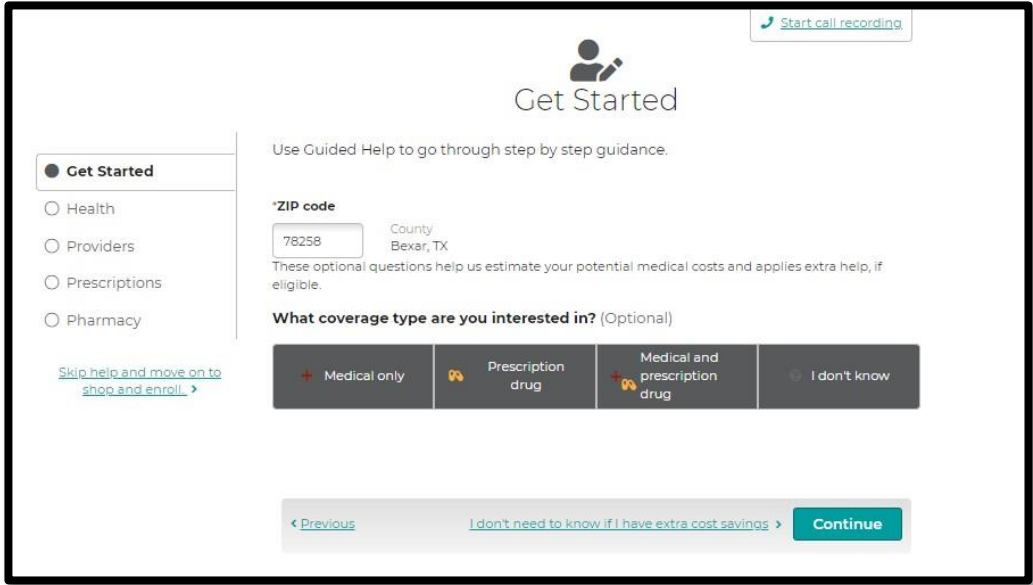
Pharmacy *Please do not use this preference feature, it is still in development. Continue to use the POD-Pharmacy Search to confirm pharmacy network.*

Guided Help & Plans Page



Once member is ready to enroll, SOA is submitted, and call recording is initiated, there are two options at the bottom of the beneficiary profile page:

- Click Here for Guided Help
- Exit Guided Help



Clicking on Guided Help has benefits such as:

- Adding Health history
- Provider Look Up
- Prescription Look Up
- Pharmacy Look Up

Add Preferences-Extra Help

Once Subsidy Level is selected. Plans page will reflect adjusted Monthly Premium Amount.

Be sure to select the appropriate Premium Subsidy % and continue with the prompts.



Start call recording

Get Started

Get Started

Health

Providers

Prescriptions

Pharmacy

[Skip help and move on to shop and enroll >](#)

Use Guided Help to go through step by step guidance.

ZIP code

78258

County
Bexar, TX

These optional questions help us estimate your potential medical costs and applies extra help, if eligible.

What coverage type are you interested in? (Optional)

Medical only

Prescription drug

Medical and prescription drug

I don't know

Do you receive extra help paying for prescription drugs?(Optional)

I receive help from Medicaid

I get supplemental security income

I belong to a Medicare Savings Program (MSP)

I applied and got full help through social security

I applied for and got partial help through social security

I receive the following percentage to help pay my drug plan premium

100%

No, I am not eligible for special assistance

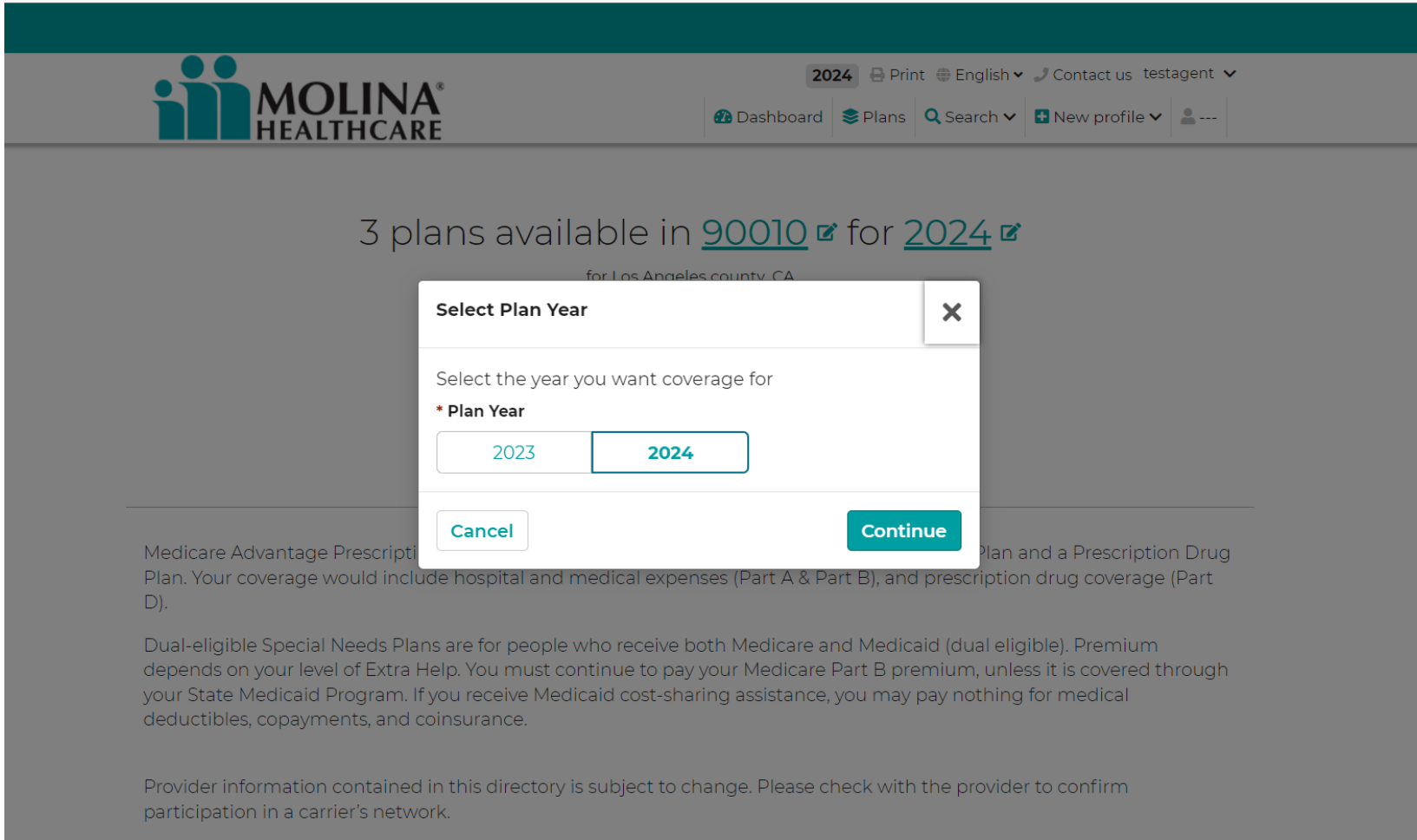
I don't know

< Previous

[I don't need to know if I have extra cost savings >](#)

Continue

Plan Year Option



The screenshot shows the Molina Healthcare website interface. At the top, there is a dark teal header with the Molina Healthcare logo on the left and navigation links on the right: '2024', 'Print', 'English', 'Contact us', and 'testagent'. Below the header, a navigation bar contains 'Dashboard', 'Plans', 'Search', 'New profile', and a user profile icon. The main content area displays '3 plans available in 90010 for 2024'. A modal titled 'Select Plan Year' is open in the center, prompting the user to 'Select the year you want coverage for'. It features two buttons: '2023' and '2024', with '2024' being the selected option. The modal also includes 'Cancel' and 'Continue' buttons at the bottom. The background content is dimmed, showing text about Medicare Advantage Prescription Plans and Dual-eligible Special Needs Plans.

Select Plan Year

Select the year you want coverage for

* Plan Year

2023 2024

Cancel Continue

During the last quarter of the year you will have the option to switch plans for years 2023 or 2024.

Be sure to select the correct year for the plan option that you will be enrolling.

Guided Help & Plans Page

Exiting Guided Help will lead to the plans page for that market/ state. This page displays options based on beneficiary’s zip code.

- The screenshot displays plans for Texas, and show how easily an agent can go back into guided help.
- Clicking on the Plan Benefits button opens up a benefit grid and printable member materials such Summary of Benefits.
- A quote can also be send from this page.

Note: If the plan option with a monthly premium populates, but the beneficiary has Low Income Subsidy, select “Add Preferences” to adjust monthly premium amounts accordingly.



3 plans available in 78258 for 2024
for Bexar county, TX
Licensed to sell 1 Medicare organizations with 3 plans for 2024

Medicare Advantage
Prescription Drug
Plans
3 plans

Medicare Advantage Prescription Drug Plans combine the benefits of a Medicare Advantage Plan and a Prescription Drug Plan. Your coverage would include hospital and medical expenses (Part A & Part B), and prescription drug coverage (Part D).

Dual-eligible Special Needs Plans are for people who receive both Medicare and Medicaid (dual eligible). Premium depends on your level of Extra Help. You must continue to pay your Medicare Part B premium, unless it is covered through your State Medicaid Program. If you receive Medicaid cost-sharing assistance, you may pay nothing for medical deductibles, copayments, and coinsurance.

Provider information contained in this directory is subject to change. Please check with the provider to confirm participation in a carrier's network.

Sort:
Total Estimated Cost

Effective January 2024

Filters
[Clear all](#)
Medical out of pocket maximum
☐ under \$1999
☐ \$2000-\$5999
☐ \$6000 and over

Preferences

Get Started

Add

Health

Add

Providers

Add

Prescriptions

Add

Pharmacy

Add

Molina Medicare Choice Care (HMO)
Plan ID: H7678-004-000
★★★★☆ Medicare Star Rating
Medical Deductible: \$0
Medical out of pocket maximum: \$8,300
Monthly plan premium: \$0.00

Plan detailsClick to EnrollAdd to quote

Total est. annual cost: \$0
Effective Jan 2024

Molina Medicare Choice Care Select (HMO)
Plan ID: H7678-005-000
★★★★☆ Medicare Star Rating
Medical Deductible: \$0
Medical out of pocket maximum: \$8,300
Monthly plan premium: \$0.00

Plan detailsClick to EnrollAdd to quote

Plan Options

The total annual cost will populate if guided help questions were answered.

Icons each plan:

- Plan Details
- Click to Enroll
- Add to Quote

There is also an option for plan comparison at the top of the plan option.

Molina Medicare Choice Care (HMO)

Plan ID: H7678-004-000

★★★★☆ Medicare Star Rating

Medical Deductible \$0	Medical out of pocket maximum \$8,300	Monthly plan premium \$0.00
----------------------------------	---	---------------------------------------

View plan details side by side → ☐ Add to compare

Continue to Enroll

View plan details, Medicaid Eligibility codes, and Plan Documents. → **Plan details**

→ **Click to Enroll**

→ **Add to quote**

Forward plan details vid Text/ Email →

Total est. annual cost
\$0
Effective Jan 2024

Plan Details

The plan details page will have more benefits listed this year, and will have very similar language to the Summary of Benefit.

The Plan Details page will also have Medicaid Eligibility codes at the top in Additional Information.

Plan detailsPrescriptionsHealth costsTotal estimated costs

Additional InformationFBDE, QMB+, SLMB+, QMB

Costs

Plan Premium	\$0.00 monthly
Est. drug cost Based on 0 drugs Add/edit	\$0 annually
Health cost Add health information if you would like to view estimated annual costs	Add health information
Total est. annual cost Based on plan premium, health and drug costs. (Effective Jan 2024)	\$0 annually

Benefits

Medical Coverage ?

Medical Deductible	\$0.00
--------------------	--------

Molina Medicare Complete Care (HMO D-SNP)

★★★★☆
[Medicare Star Rating](#)

Monthly plan premium
\$0.00

Click to Enroll

Send quote

Effective [January 2024](#)



Enrolling a Beneficiary

Enroll a beneficiary

Enroll a beneficiary

Add To Cart

Once a member decides on a plan, and feels comfortable with moving forward. Start Enrollment by clicking on click to Enroll.

The cart page will populate. There are two options:

Start call recording

Cart

Molina

Medicare Choice

Molina Medicare Choice Care Select (HMO)

[View details](#)

[Change plan](#)

[Remove plan](#)

Monthly plan premium

\$0.00

* How will you be completing this form?


Send to beneficiary to sign and submit

Complete and submit form myself

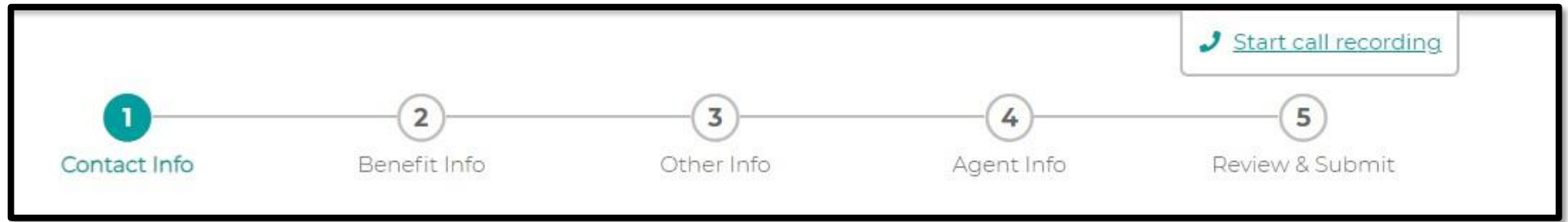
Total monthly plan premium

\$0.00

Options	Description
Send to beneficiary to sign and submit	Agents complete form and forwards to prospect for submission.
Complete and submit form myself	Agent completes form and submits enrollment (in-person/ telephonic).



Application



Connecture will walk agents through five different sections before submitting.

Required fields are identified by an asterisk (*). Agents will not be able to move to the next section if there are missing required fields.

1. Basic beneficiary information
2. Entering Medicare ID and adding attachments
3. This page focuses on ethnicity, race, employment, provider data, language preference and selecting the correct SEP code.
4. Agent attestation for beneficiary proposed effective date of coverage.
5. Continue and Review, wet signature, enrollment submission.

Relationship Identifier

Telesales access will view this question in first section of application.

Broker/ Field access will view this view in last section of application.

- Processing enrollment with prospect or has given agent verbal authorization for enrollment. This option will populate two boxes for a wet signature. One for the beneficiary, and the other for the agent.
- Agents should select this option if the enrollment is processed per legal representative, caretaker, volunteer, or authorized individual. That information is required when this option is selected.

Please select the statement below that best describes your relationship to the person with Medicare listed on this enrollment form:*

I am the person listed on this enrollment form or I am simply helping to complete this enrollment form.

I am the person authorized to act on behalf of the individual listed on this enrollment form under the laws of the State where the individual resides.

☒

I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:

1. This person is authorized under State law to complete this enrollment, and

2. Documentation of this authority is available upon request by Medicare.

Medicare Eligibility

WIPro integration will validate MBI during the enrollment process. The validation is designed to proactively catch incorrect MBIs, validate Part A and Part B effective dates and subsidy eligibility for DSNPs.

Medicare Information

Please take out your red, white and blue Medicare card to complete this section. In the spaces provided enter your Medicare Number (do not enter dashes).

**MEDICARE HEALTH INSURANCE**

Name/Nomme
JOHN L SMITH

Medicare Number/Numero de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a
HOSPITAL (PART A)
MEDICAL (PART B)

Coverage starts/Cobertura empieza
03-01-2016
03-01-2016

Medicare Number*

Hospital (Part A) Effective Date

Medical (Part B) Effective Date



Correct the following error(s) on the form, then submit again
Check the Medicare number, last name and date of birth before continuing.

You may still continue with this enrollment application.

This message above will always populate, the message is intended to review beneficiary information carefully before continuing to the next part of the enrollment. Click continue again to get to the third page if updates or corrections are not necessary.

- MBI is cross-referenced with beneficiary's last name and DOB
- If Part A and Part B effective dates do not match, a message will display the correct associated Part A/B effective dates.
- When beneficiary is enrolling into a DSNP, subsidy eligibility level for the MBI will be validated

File Upload

Section 2 has an attachment box at the bottom of the page. Use this box to add any documents related to enrollment. It is best practice to attach any paperwork available related to the POA/ Legal Representation and eligibility.

We must be able to prove Medicare/Medicaid eligibility for every enrollee. To ensure accuracy, completeness, and speed in the enrollment process, please make every possible effort to find and upload the enrollee's eligibility documentation here.

Attachment

Uploading 1 file(s)...

Choose Files

IT TICKET LOG.xlsx

[< Previous](#)

Continue


Be sure to add any documents that help the enrollment process.

Agents are encouraged to add as much information as possible to the enrollment to avoid RFIs (request for information).

Agent Info. Applicable to Telesales Access Only.

Agent First Name, Last Name, and NPN will be auto populated based on our user profile. Telesales Agents DO NOT edit this information.

Broker Support Unit will be assisting with enrollment submissions, these fields will be edited by BSU pm Agent of Record ONLY.



Print

English

Contact us

testagent

Plans

Search

New profile

JOHNNY

1

2

3

4

5

Contact Info

Benefit Info

Other Info

Agent Info

Review & Submit

Agent Information

Review the Agent information below and signify your acceptance of this attestation to continue.

Agent First Name*

testagent

Agent Last Name*

testagent

Agent NPN*

123456

Proposed Effective Date of Coverage*


Select

AS THE WRITING AGENT, I HEREBY ATTEST THAT:

1. I am appropriately licensed to sell this product and appointed by the carrier to do so.

2. I have provided the applicant with the information necessary to make a

Shopping cart



Molina Medicare Complete Care Select (HMO D-SNP)

Medicare Advantage Prescription Drug Plan

\$32.70

Total monthly plan premium

\$32.70



Beneficiary Signature

Beneficiary's name should only be signed off by beneficiary or authorized rep.

Beneficiary Signature

☐ Due to physical limitations, I am unable to sign my name
NOTE: if you are a broker entering a paper application in your possession, please check here and type 'paper application' in the name box that will appear

***Sign your name below using a stylus, mouse, or your finger.**

TOMMY JOHNSON

Agent Signature

***Sign your name below using a stylus, mouse, or your finger.**

calltest calltest

clear

[< Previous](#)

[Submit](#)


For Telephonic Enrollments, check box "Due to physical limitations..." & type "Telephonic Enrollment"

Beneficiary should sign their name for In-Person meeting

Confirmation

Once enrollment is submitted, take note of the Confirmation, and keep it in a safe place.

Agents will be routed to Icario portal when Complete Health Risk Assessment button is selected.



Print

English

Contact us

testagent

Dashboard

Plans


Search

New profile

YESICA

Start call recording

Application submitted



Your application has been submitted and is pending approval.
This confirmation is not proof of membership.

Email

Print

What to expect

- You will be notified when your application is accepted and your coverage is effective.
- You should receive your insurance card within 7 to 10 business days.
- If you have an email address on file, we will send copy of your application submission.

Next steps

Please complete the plan's optional Health Risk Assessment to gather more information about your health so they may provide health improvement suggestions.

The HRA may also be accessed in the enrollment history for this beneficiary and will only be available for a limited time.

45 day(s) left to complete HRA

Complete Health Risk Assessment

Application details

Member name

YESICA TESTER

Member address

123 MAIN South Gate, CA 90280


Submitted on

October 17, 2022

Confirmation number

A94913253264775M

View application

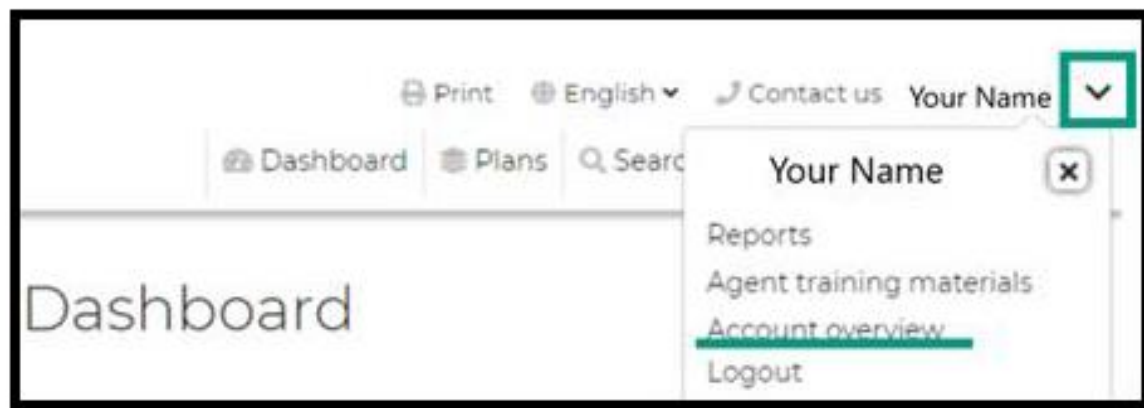


Find Agent PURL

Enter Agent Email:

Example: jsmith@molina.com

Click the caret by your name and select Account overview

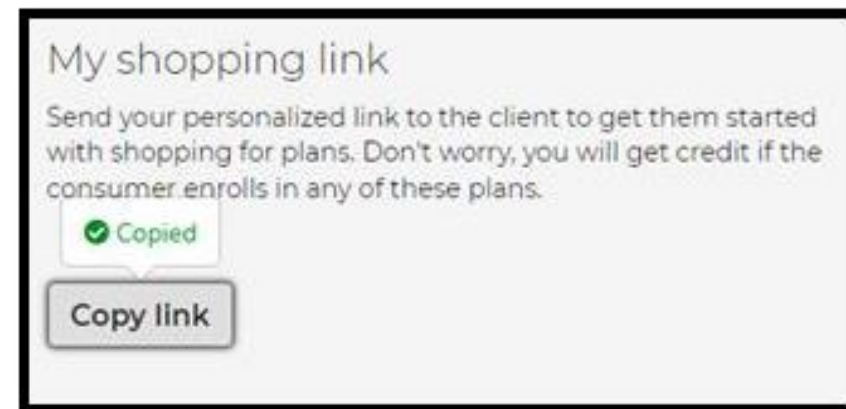


Once Picture is upload. Click Copy Link.

Note: Anyone who uses this link will be able to enroll into Molina Healthcare Medicare plan acknowledging the agent of record.

Be sure to use this link on social media or on your email signature.

On the Account Overview page, upload a professional picture of yourself.



Contacts

Broker Services Unit (BSU)

(866) 440-9788

Hours: Mon.-Fri. | 6:00 AM-6:00 PM MT

broker@molinahealthcare.com

Broker Contracting

MCRBrokerContracting@molinahealthcare.com

Broker Enrollments

MCREnrollment@molinahealthcare.com

Broker Commissions

MCRCommissionInquiry@molinahealthcare.com

CARE Team

MedicareBrokerCAREteam@molinahealthcare.com

Sales Engagement & Marketing

salesengagement@molinahealthcare.com

Quality Auditor

qualityauditorteam@molinahealthcare.com

Sales Communications & Training

salescomms@molinahealthcare.com

Sales Oversight & Compliance

sales_oversight@molinahealthcare.com

Questions?

Need more training? Try [Connecture video tutorials](#).

